

1. REQUISITION NUMBER	PAGE 1 OF	100
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2. CONTRACT NO.	3. AWARD/EFFECTIVE DATE	4. ORDER NUMBER	5. SOLICITATION NUMBER  GS04T08BFD0005	6. SOLICITATION ISSUE DATE  07/31/2008
7. FOR SOLICITATION INFORMATION CALL:	a. NAME  DEBORAH A. MERNA		b. TELEPHONE NUMBER (No collect calls)  404-224-2204	8. OFFER DUE DATE/ LOCAL TIME  08/20/08 4:30PM

9. ISSUED BY	CODE	10. THIS ACQUISITION IS
GENERAL SERVICES ADMINISTRATION (GSA)		<input checked="" type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: % FOR:
FEDERAL ACQUISITION SERVICES (FAS)		<input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> EMERGING SMALL BUSINESS
ASSISTED ACQUISITION SERVICES DIVISION (AASD)		<input type="checkbox"/> HUBZONE SMALL BUSINESS
401 W. PEACHTREE STREET, SUITE 2700		<input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> 8(A)
ATLANTA, GA 30308		NAICS: 561210 SIZE STANDARD: \$32.5M

11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED  <input type="checkbox"/> SEE SCHEDULE	12. DISCOUNT TERMS  NET 30 DAYS	13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)  <input checked="" type="checkbox"/>	13b. RATING D0-S1
			14. METHOD OF SOLICITATION  <input type="checkbox"/> BEO <input type="checkbox"/> IFB <input checked="" type="checkbox"/> RFP

15. DELIVER TO		16. ADMINISTERED BY	
CODE		CODE	
MARINE CORPS LOGISTICS CMD, PROGRAM SUPPORT CTR		GENERAL SERVICES ADMINISTRATION, FAS, AASD,	
814 RADFORD BLVD, SUITE 20240, ALBANY GA 31704		401 W. PEACHTREE ST., STE 2700, ATLANTA, GA 30308	

17a. CONTRACTOR/ OFFEROR	CODE		FACILITY CODE		18a. PAYMENT WILL BE MADE BY	CODE	
					GENERAL SERVICES ADMINISTRATION GREATER SOUTHWEST FINANCE CENTER ACCTS PAYABLE BR - 7BCP, FUND 229X P.O. BOX 17181 FT. WORTH, TX 76102-0181		
TELEPHONE NO.							

<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER	18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM
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19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	SEE CONTRACT LINE ITEM DOCUMENTS FOLLOWING THIS FORM.				
(Use Reverse and/or Attach Additional Sheets as Necessary)					

25. ACCOUNTING AND APPROPRIATION DATA		26. TOTAL AWARD AMOUNT (For Govt. Use Only)	
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<input checked="" type="checkbox"/>	27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA	<input checked="" type="checkbox"/>	ARE	<input type="checkbox"/>	ARE NOT ATTACHED
<input checked="" type="checkbox"/>	27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA	<input checked="" type="checkbox"/>	ARE	<input type="checkbox"/>	ARE NOT ATTACHED

<input checked="" type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN <u>1</u> COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED	<div style="text-align: right;"> <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED       </div> <input type="checkbox"/> 29. AWARD OF CONTRACT: REF. _____ OFFER DATED _____. YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:
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30a. SIGNATURE OF OFFEROR/CONTRACTOR	31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)
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30b. NAME AND TITLE OF SIGNER <i>(Type or print)</i>	30c. DATE SIGNED	31b. NAME OF CONTRACTING OFFICER <i>(Type or print)</i>	31c. DATE SIGNED
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19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT

32a. QUANTITY IN COLUMN 21 HAS BEEN

☐ RECEIVED      ☐ INSPECTED      ☐ ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: \_\_\_\_\_

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	32c. DATE	32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE	32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE
	32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33. SHIP NUMBER	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT	37. CHECK NUMBER
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	

38. S/R ACCOUNT NO.	39. S/R VOUCHER NUMBER	40. PAID BY

41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT	42a. RECEIVED BY <i>(Print)</i>	
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER	41c. DATE	42b. RECEIVED AT <i>(Location)</i>
		42c. DATE REC'D <i>(YY/MM/DD)</i>
		42d. TOTAL CONTAINERS